

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/04/03.

I. DISPUTE

Whether there should be reimbursement for date of service 2/14/03.

II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
2/14/03	95900	\$340.00	\$0.00	Z	\$64.00 Per study	MFG MGR (IV)(D)	<p>The Requestor has submitted HCFA 1500s and medical documentation to show services performed as, motor nerve conduction studies, sensory nerve conduction studies, needle electromyogram and "H" or "F" reflex study. The Carrier denied reimbursement as, "Z – PREAUTHORIZATION REQUESTED BUT DENIED".</p> <p>The Carrier in their response has raised an additional issue of medical necessity. Based on Rule 133.307(j)(2), "The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed..." "...Any new denial reasons or defenses raised shall not be considered in the review." Only the denial code "Z" will be addressed.</p> <p>Pursuant to TWCC Rule 134.600 (h) (8), repeat diagnostic studies with a fee greater than \$350.00 or DOP must be preauthorized. The Requestor alleges they received a verbal preauthorization approval from the Carrier's representative; however, the Requestor did not submit a hard copy of this preauthorization in their dispute packet.</p> <p>No reimbursement is recommended.</p>
2/14/03	95935	\$150.00	\$0.00	Z	\$53.00 Per study	MFG MGR (IV)(B)(2)	
2/14/03	95904	\$180.00	\$0.00	Z	\$64.00 Per nerve	MFG MGR (IV)(D)	
2/14/03	95861	\$252.00	\$0.00	Z	\$200.00	MFG MGR (IV)(C)	

2/14/03	99080	\$50.00	\$0.00	Z	DOP	MFG CPT Code Descriptor	<p>The Requestor has billed for a special report. The Carrier has denied reimbursement as "Z - PREAUTHORIZATION REQUESTED BUT DENIED".</p> <p>The Carrier in their response has raised an additional issue of "global of the procedure". Based on Rule 133.307(j)(2), "The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed..." "...Any new denial reasons or defenses raised shall not be considered in the review." Only the denial code "Z" will be addressed.</p> <p>CPT code 99080 does not require preauthorization. DOP is required per the MFG CPT code descriptor. However, relevant information was not submitted to support documentation criteria.</p> <p>Reimbursement is not recommended.</p>
Totals		\$972.00	\$0.00				The Requestor is not entitled to reimbursement.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 24th day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division